

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

09736076
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5		1				
6		1				
7	1					
8	1					
9	1					
10		1				
11		1				
12		2 ✓				
13	1					
14		1				
15		1				
16		2 ✓				
17	1					
18		1				
19		1				
20		2 ✓				
21	1					
22		1				
23		1				
24		2 ✓				
25	1					
26		1				
27		1				
28		2 ✓				
29	1					
30		1				
31		1				
32		2 ✓				
33	1					
34	1					
35		2 ✓				
36	1					
37		1				
38		1				
39		2 ✓				
40	1					
41		1				
42	1					
43						
44						
45						
46						
47						
48						
49						
50	1					
TOTAL IND.	17	↓		↓		↓
TOTAL DEP.	30	↓		↓		↓
TOTAL CLAIMS	50					

	★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS